

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 OF 273
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Stephen F. Lynch for Senate

A. Full Name (Last, First, Middle Initial) Charlene D Rideout		Date of Receipt M M / D D / Y Y Y Y 04 29 2013	
Mailing Address 16 Saint Brendan Rd		Transaction ID : C9728865	
City Boston	State MA	Zip Code 02124-5813	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer KEARNEY DONOVAN & MCGEE		Occupation GOVERNMENT AFFAIRS ADVISOR	
Receipt For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
B. Full Name (Last, First, Middle Initial) James H. Riley		Date of Receipt M M / D D / Y Y Y Y 04 12 2013	
Mailing Address 379 Neponset Ave		Transaction ID : C9719809	
City Boston	State MA	Zip Code 02122-3104	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer J.H. Riley & Company		Occupation Owner	
Receipt For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
C. Full Name (Last, First, Middle Initial) Thomas Rocco		Date of Receipt M M / D D / Y Y Y Y 05 03 2013	
Mailing Address 69 Thomas Park Unit 2		Transaction ID : C9735670	
City Boston	State MA	Zip Code 02127-2994	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer VA Boston Healthcare System		Occupation Physician	
Receipt For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional).....		1250.00	
TOTAL This Period (last page this line number only).....			

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